

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

106522702

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2	1						
3	1						
4	1						
5	2						
6	2						
7	2						
8	2						
9	2						
10	2						
11	2						
12	2						
13	1						
14	1						
15	1						
16			1				
17			2				
18			2				
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21			2				
22			1				
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49							
50							
TOTAL IND.			3				
TOTAL DEP.			19				
TOTAL CLAIMS			22				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							